



Commonwealth of Massachusetts
Department of Public Safety
APPLICATION FOR LICENSE TO OPERATE ELEVATORS
(In accordance with M.G.L. C. 143, S.71G as amended)

Please send application to:
Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108

Application must be filled out in ink and accompanied with a non-refundable processing fee of \$25.00

AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts** Registry of Motor Vehicles database solely for use on this license.

MA-RMV photo release signature: _____

If you do not have a **MA-RMV** license, please submit an original passport photo taken within the past six months. Photo must be taped to Photo Submission Form for License Renewal available on DPS Website.

☐ **Accommodations Request** (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.

☐ **Language Access Plan** (Optional) Please check here if English is not your primary language AND your ability to read, write, speak or understand English is limited.
Please indicate what your primary language is: _____

Name: _____ Social Security# _____
(Please Print) (Mandatory)

Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Date of Birth: _____ Place of Birth _____

Home Telephone # _____ Work Telephone # _____

Email Address: _____

Name of Employer _____

Address: _____ City _____ State _____

NOTICES TO APPEAR FOR EXAM WILL BE SENT IN 4 TO 6 WEEKS

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Revised July 2013*

Work experience in Elevators is as follows:

Employer_____

Type of Elevator_____

Length of Service_____ Year_____

For Passenger: _____ Freight: _____

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law and that I do not have any outstanding Civil Fines due to the Commonwealth.

Signature of Applicant

Date

NOTE: Applicant must be eighteen (18) years of age or over. Applicant must answer all questions (in ink) on this application and will note that the filing of it does not permit him/her to operate an elevator pending examination. License must first be obtained. Any false statements will cause for revocation of license if granted.

DO NOT WRITE BELOW THIS LINE

APPLICANT MUST SIGN THEIR FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH

(Signature of Applicant)

(Date)

The commonwealth of Massachusetts, _____ Town/City where exam is administered. The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and subscribed by them are true, this _____ day of _____, In the year 20_____. Before me, _____ State Elevator Inspector.

Expiration Date: _____ Results: _____ License No: _____

Prerequisites: ALL of the following items MUST be submitted with this application in order for your application to be processed properly. Failure to submit all required information and proper fee will result in unnecessary delays.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Completed Application with proper mailing address and social security number.

Passport photo taped to Photo Submission Form for License Renewal (If no MA-RMV license)

Non-refundable application processing fee (\$25.00)

You will be notified of your exam date by mail APPROXIMATELY 2 WEEKS BEFORE EXAMS.

EXAMS TAKE PLACE THE LAST WEEK OF EVERY MONTH

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY, ETC.]

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